**Precision Health Program Award Application Form**

Please refer to the [Eligibility Requirements document](https://cumming.ucalgary.ca/sites/default/files/teams/13/Eligibility-Final-22-23_0.pdf) to assess your eligibility for this award. Please note that all applications are reviewed using a our award [rubric](https://cumming.ucalgary.ca/sites/default/files/teams/272/Rubric-Form-2022.pdf) and by our award committee.

All successful Precision Health Program Award applicants will be notified electronically of the results of their applications within two (2) weeks of the application submission deadline. Notification will be sent to recipient's University of Calgary email address.

To apply for the Precison Health Program Award, please complete the fields in this document.

**Name:**

**Student ID:**

**Academic year of application (e.g., 2024/5):**

**Incoming financial resources expected during academic year (Sept. – Aug.) \***

|  |  |
| --- | --- |
| Employment Income |  |
| External Support (e.g., family/partner/friend) |  |
| Tax Benefits |  |
| Student Loans/Grants |  |
| Line of Credit |  |
| Scholarships, Awards, Bursaries |  |
| Other [Include text entry box for description] |  |
| Total |  |

**Outgoing expenses expected during academic year (Sept. – Aug.) \***

|  |  |
| --- | --- |
| Housing |  |
| Utilities |  |
| Phone/Cable/Internet |  |
| Food and Health |  |
| Transportation |  |
| Dependent Care |  |
| Expected tuition |  |
| Mandatory fees |  |
| Books/resources |  |
| Other (e.g. healthcare costs not covered by insurance, previous student loan payments, etc.)  [Include text entry box for description] |  |
| Total |  |

*\*Please note that you may be asked to provide documentation to support these declarations at a future date.*

**How many courses are you planning to enroll in for 2024-2025?**

**Do you self-identify as a member of an equity-seeking group or community under-represented in professional graduate studies? If so, please describe how this identity has impacted your educational journey and your professional plans and/ or aspirations. How would completing this program help advance those plans and/ or aspirations? (Max. 500 words)**

[add text here]

**Declaration**

* I confirm that the information provided is true and complete.
* In order to determine my eligibility for this award, I authorize the Precision Health program to release pertinent information from my application to relevant University of Calgary offices.
* I understand the information provided is subject to audit.
* I understand that if I receive this award, the amount will be disclosed to relevant University of Calgary offices.

I have read and agree to the declaration above and hereby apply for the Precision Health Program Award.

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Applicant’s Signature

*This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and Taxation Act. It is required to determine your eligibility for awards and will be disclosed to relevant academic and administrative units of the University of Calgary. If you have any questions about the collection or use of this information, please contact Precision Health* [*prehgrad@ucalgary.ca*](mailto:prehgrad@ucalgary.ca)*.*